

M.F. PETEREIT, M.D.
L.J. LARSON, M.D.
R.P. DeCLARK, M.D.
D.R. WIERDA, M.D.
R.L. READ, M.D.
L.A. HENRICKSON, M.D.
J.L. QUALE, M.D.
D.G. NORDSTROM, M.D.
V.A. DZINTARS, M.D.
T.M. CINK, M.D.
T.F. MASTERSON, M.D.
A.I. SCYE, M.D.
M.A. MAGUISSON, M.D.
J.S. BRINDLE, M.D.

RADIOLOGISTS



Medical X-Ray Center^{PC}

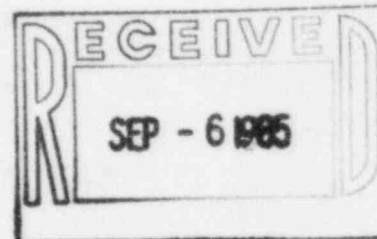
1417 South Minnesota Avenue
Sioux Falls, South Dakota 57105
605/336-0515

DIAGNOSTIC RADIOLOGY
ULTRASOUND
RADIATION THERAPY
COMPUTERIZED RADIOLOGY
INTERVENTIONAL RADIOLOGY

MEDICAL PHYSICS

ADMINISTRATION
G.L. LARSON

August 30, 1985



Glenn Brown
United States Nuclear Regulatory Commission
Region IV Office
Suite 1000
Arlington, Texas 76011

Dear Mr. Brown:

We would like to amend our license #40-01493-02 Medical X-Ray Center, P.C. to include the following:

1. A. Thomas M. Cink, M.D. authorized user at Veterans Memorial Hospital License # 40-16336-01.
Also at McKennan Hospital License # 40-16571-01.
- B. Authorizing Thomas M. Cink, M.D. the use of groups (IV, V) such as Iodine 131 as iodide for treatment of thyroid carcinoma and hyperthyroidism. (Form NRC-313M Supplement A and B attached).
2. Change in designation of Radiation Safety Officer from Stephen H. Mahood, M.S., to Maurice A. Tajiran, M.S. (Form NRC-313 M attached).

We appreciate your review of this amendment. A fee of \$40.00 is enclosed. Please feel free to contact us if you need additional information.

Sincerely,

Maurice Tajiran

Maurice A. Tajiran, M.S.
Medical Physicist
Medical X-Ray Center, P.C.

U.S. NRC BRANCH
LIC FEE MGMT

85 SEP - 9 P1:05

RECEIVED

Sept - 2 IV

MAT/sa

Applicant	15863/16098
Check No.	76.40 + 80
Amount/Fee Category	76.40 + 80
Type of Fee	Amend
Date Check Rec'd	9/19/85
Received By	<i>J. G. [Signature]</i>

8602060126 851122
REG4 LIC30
40-01493-02 PDR

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TRAINING AND EXPERIENCE
AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Maurice A. Tajiran, M.S. Medical Physicist	2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE N/A
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3. CERTIFICATION		
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C

4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	Wayne State University MI Harper Hospital MI	40	30
b. RADIATION PROTECTION	9/1/81 - 12/15/83 Edge Water Hospital	30	20
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	1/15/85 - 6/15/84	20	10
d. RADIATION BIOLOGY	1/15/84 - 6/15/84	10	0
e. RADIOPHARMACEUTICAL CHEMISTRY	1/15/84 - 6/15/84	0	0

5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE
Co-60 CS-137 Ir-192 P-32 I-131	4800 Ci 200 mCi 100 mCi 60 mCi 200 mCi	Evanston Hospital Lake Forest Hospital Illinois	One year	Radiation therapy, brachetherapy and therapy oral

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Thomas M. Cink, M.D.

STREET ADDRESS

1417 S. Minnesota Ave

CITY

Sioux Falls, SD

STATE

ZIP CODE

57105

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1-Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2-Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3-Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	100	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	20	
	LIVER FUNCTION STUDIES	0	
	FAT ABSORPTION STUDIES	0	
	KIDNEY FUNCTION STUDIES	60	
	IN VITRO STUDIES	0	
OTHER			
I-125	DETECTION OF THROMBOSIS	0	
I-131	THYROID IMAGING	100	
P-32	EYE TUMOR LOCALIZATION	0	
Se-75	PANCREAS IMAGING	0	
Yb-169	CISTERNOGRAPHY	15	
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	70	
OTHER			
Tc-99m	BRAIN IMAGING	45	
	CARDIAC IMAGING	60	
	THYROID IMAGING	50	
	SALIVARY GLAND IMAGING	5	
	BLOOD POOL IMAGING	120	
	PLACENTA LOCALIZATION	0	
	LIVER AND SPLEEN IMAGING	200	
	LUNG IMAGING	80	
	BONE IMAGING	180	
OTHER			

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES	5	
P-32 (Colloidal)	INTRACAVITARY TREATMENT	2	
I-131	TREATMENT OF THYROID CARCINOMA	19	
	TREATMENT OF HYPERTHYROIDISM	25	
Au-198	INTRACAVITARY TREATMENT	0	
Co-60 or Cs-137	INTERSTITIAL TREATMENT	0	
	INTRACAVITARY TREATMENT	0	
I-125 or Ir-192	INTERSTITIAL TREATMENT	0	
	TELETHERAPY TREATMENT	0	
Sr-90	TREATMENT OF EYE DISEASE	0	
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR	7	
Sn-113/ In-113m	GENERATOR	25	
Tc-99m	REAGENT KITS	5	
Other			

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

Three (3) months training during residency in Diagnostic Radiology:
2/1/79-3/31/79, 5/1/81-5/30/81

Approximately 500 hours

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Michael E. Siegel, M.D.

b. NAME OF INSTITUTION

LAC-USC Medical Center-Dept. of Radiology

c. MAILING ADDRESS

1200 N. State Street Rm 5250

d. CITY

Los Angeles, CA 90033

5. MATERIALS LICENSE NUMBER(S)

0134-70

6. PRECEPTOR'S SIGNATURE

7. PRECEPTOR'S NAME (Please type or print)

Michael E. Siegel, M.D.

8. DATE

April 24, 1984

(B-78)

TRAINING AND EXPERIENCE AUTHORIZED USER OR RADIATION SAFETY OFFICER

1. NAME OF AUTHORIZED USER OR RADIATION SAFETY OFFICER Thomas M. Cink, M.D.		2. STATE OR TERRITORY IN WHICH LICENSED TO PRACTICE MEDICINE South Dakota	
3. CERTIFICATION			
SPECIALTY BOARD A	CATEGORY B	MONTH AND YEAR CERTIFIED C	
Radiology	General Radiology (Diagnostic)	June, 1981	
4. TRAINING RECEIVED IN BASIC RADIOISOTOPE HANDLING TECHNIQUES			
FIELD OF TRAINING A	LOCATION AND DATE(S) OF TRAINING B	TYPE AND LENGTH OF TRAINING	
		LECTURE/ LABORATORY COURSES (Hours) C	SUPERVISED LABORATORY EXPERIENCE (Hours) D
a. RADIATION PHYSICS AND INSTRUMENTATION	LAC/USC Medical Center Dept. of Radiology, Section of Nuclear Medicine	40	40
b. RADIATION PROTECTION	1200 N. State Street, Rm 5250 Los Angeles, CA 90033	20	none
c. MATHEMATICS PERTAINING TO THE USE AND MEASUREMENT OF RADIOACTIVITY	2/1/79 - 3/31/81 5/1/81 - 5/30/81	20	20
d. RADIATION BIOLOGY	Total full time Nuclear Medicine rotation: 3 months	20	none
e. RADIOPHARMACEUTICAL CHEMISTRY		40	40
5. EXPERIENCE WITH RADIATION. (Actual use of Radioisotopes or Equivalent Experience)			
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE
Tc-99m	500 mCi	LAC-USC Medical Center Dept. of Radl, Nuclear Medicine 1200 N. State Street, Room 5250 Los Angeles, CA 90033	3 mo. clinical rotation doing residency in Diagnostic Radiology
Yb-133	100 mCi		
I-131	100 mCi		
I-123	10 mCi		
Ga-67	20 mCi		
P-32	20 mCi		
			Diagnostic and therapeutic

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